PTO/SB/22 (07-09) Approved for use through 07/31/2012. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					Docket Number (Optional)				
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					13991-P017US				
Application Number 10/601,102					Filed	d June 20, 2003			
For	ELECTROS	PUN MESOPOR	OUS MOLECU	LAR SIEVE FIBERS	3				
Art Unit 1774					Examiner	J. M. Gray			
This is applica		der the provisions	of 37 CFR 1.136	6(a) to extend the peri	od for filing a reply in	the above i	dentified		
The re	quested exter	sion and fee are a	s follows (check	time period desired	and enter the appropri	riate fee bel	ow):		
				<u>Fee</u>	Small Entity Fee				
	One m	onth (37 CFR 1.1	7(a)(1))	\$130	\$65	* _			
	Two m	onths (37 CFR 1	17(a)(2))	\$490	\$245	\$ _			
	X Three	months (37 CFR	1.17(a)(3))	\$1110	\$555	\$ _	555.00		
	Four m	nonths (37 CFR 1	.17(a)(4))	\$1730	\$865	\$ _			
	Five m	onths (37 CFR 1	17(a)(5))	\$2350	\$1175	\$_			
X Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed.									
								П	Payment by credit card. Form PTO-2038 is attached.
×	X The Director has already been authorized to charge fees in this application to a Deposit Account.								
×	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to								
	Deposit Account Number 23-2426 .								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
	×	attorney or age	nt of record. R	egistration Number	46,733	_			
		attorney or age							
		Registration	number if acting	under 37 CFR 1.34	-				
/Lekha Gopalakrishnan/					October 29, 2009				
Signature					Date				
-		Lekha Gop Typed or p	(214) 745-5356 Telephone Number						
NOTE: Signatures of all the inventors or exsignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
	Total of	1	_ forms are sub	mitted.					

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).							
Dated: October 29, 2009	Signature:	/Lekha Gopalakrishnan/	(Lekha Gopalakrishnan)				